



DT20 Rec'd PCT/PTO 21 JUL 2003  
*Receipt PCT*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of Alexandros Makriyannis et al

Serial No. 09/600,786

Examiner: Not Assigned

Filing Date: July 21, 2000

Group Art Unit: 1614

For: Cannabimimetic Lipid Amides as Useful Medications

Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**REQUEST FOR CORRECTED FILING RECEIPT**

Enclosed is a copy of the filing receipt received in connection with the above-referenced patent application, which has been marked in red to show that the priority information is incomplete. We are also enclosing a copy of our executed Declaration filed July 21, 2000 showing the missing priority information.

Please forward a corrected filing receipt as soon as possible.

Respectfully submitted,

ALEXANDROS MAKRIYANNIS et al

By 

Guy D. Yale  
Registration No. 29,125  
Alix, Yale & Ristas, LLP  
Attorney for Applicant

Date: July 17, 2003  
750 Main Street  
Hartford, CT 06103-2721  
(860) 527-9211  
Our Ref: UCONAP/145/PC/US  
GDY:kcs



## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/600,786	07/21/2000	1614	384	UCON/145PC/US AP		15	4

CONFIRMATION NO. 1798

002543  
ALIX YALE & RISTAS LLP  
750 MAIN STREET  
SUITE 1400  
HARTFORD, CT 06103

## FILING RECEIPT



\*OC000000010468318\*

Date Mailed: 07/11/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Alexandros Makriyannis, Watertown, MA;  
Atmaram Khanolkar, Storrs, CT;  
Andreas Goutopoulos, Storrs, CT;

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/US99/28136 11/24/1999 which claims

benefit of 60/109,615

11/24/1998

## Foreign Applications

Projected Publication Date: None, application is not eligible for pre-grant publication

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Cannabimimetic lipid amides as useful medications

Preliminary Class

514

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**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

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<b>0010/PTO</b> Rev. 8/95	<b>U.S. Department of Commerce</b> Patent and Trademark Office	<b>Attorney Docket Number</b>	UCON/145/PC/US
		<b>First Named Inventor</b>	ALEXANDROS MAKRIYANNIS
		<b>COMPLETE IF KNOWN</b>	
		<b>Application Number</b>	
		<b>Filing Date</b>	
		<b>Group Art Unit</b>	
<b>DECLARATION</b>		<b>Examiner Name</b>	

( ) Declaration Submitted with Initial Filing OR ( ) Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CANNABIMIMETIC LIPID AMIDES AS USEFUL MEDICATIONS**

(Title of the Invention)

the specification of which

[ X ] is attached hereto as International Application No. PCT/US99/28138 filed on 11/24/1999.

OR

[ ] was filed on (MM/DD/YYYY) as United States Application or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? Yes No
NONE			[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

[ ] Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	[ ] Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/109,615	11/24/1998	

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §385(a) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
NONE			

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name: Alix, Yale & Ristes, LLP

Customer Number 002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor Alexandros Makriyannis ☐ A petition has been filed for this unsigned inventor

Given Name	ALEXANDROS	Middle Initial		Family Name	MAKRIYANNIS	Suffix	
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Inventor's Signature

Alexandros Makriyannis

Date 7/20/00

RESIDENCE: City	WATERTOWN	State	MA	Country	U. S. A.	Citizenship	U. S. A.
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POST OFFICE ADDRESS 16 STEARNS ROAD

City	WATERTOWN	State	MA	Zip	02172	Country	U. S. A.	Applicant Authority	
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Name of Additional Joint Inventor, if any: ATMARAM KHANOLKAR ☐ A petition has been filed for this unsigned inventor

Given Name	ATMARAM	Middle Initial		Family Name	KHANOLKAR	Suffix	
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Inventor's Signature

ATMARAM KHANOLKAR

Date 7/20/00

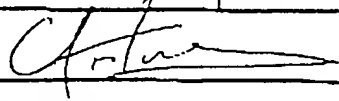
RESIDENCE: City	STORRS	State	CT	Country	U. S. A.	Citizenship	Indian
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City	STORRS	State	CT	Zip	06269	Country	U. S. A.	Applicant Authority	
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☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	ANDREAS				Middle Initial		Family Name	GOUTOPOULOS				Suffix							
Inventor's Signature										Date		7/21/00							
RESIDENCE: City		STORRS				State	CT		Country	U. S. A.		Citizenship	Greek						
POST OFFICE ADDRESS		146 HUNTING LODGE																	
City	STORRS				State	CT		Zip	06269		Country	U. S. A.		Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name					Suffix							
Inventor's Signature										Date									
RESIDENCE: City						State			Country			Citizenship							
POST OFFICE ADDRESS																			
City					State			Zip			Country			Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name					Suffix							
Inventor's Signature										Date									
RESIDENCE: City						State			Country			Citizenship							
POST OFFICE ADDRESS																			
City					State			Zip			Country			Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name					Suffix							
Inventor's Signature										Date									
RESIDENCE: City						State			Country			Citizenship							
POST OFFICE ADDRESS																			
City					State			Zip			Country			Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name					Suffix							
Inventor's Signature										Date									
RESIDENCE: City						State			Country			Citizenship							
POST OFFICE ADDRESS																			
City					State			Zip			Country			Applicant Authority					
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																			